U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I here 37 Ci	eby revoke all FR 3.73(b).	previous powers of attorney	given in the ap	plication identifi	ed in the	attached state	ment under		
	eby appoint:								
Image: Second control of the	Practitioners ass	ociated with the Customer Number	476	553					
1 0)R					1.			
	Practitioner(s) na	med below (if more than ten paten	practitioners are to	be named, then a c	ustomer nu	mber must be us	ed):		
	Name		Registration Number		Name	Registration Number			
1 1									
1 1	,								
] [***************************************			
1 1									
1 L									
I ally allu	as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).								
Please o	change the corres	spondence address for the applicat	ion identified in the	attached statement	under 37 C	FR 3.73(b) to:			
X	The address as	sociated with Customer Number:	4765	3					
OR									
	irm or idividual Name								
Address	s								
City			State			Zip			
Country	,								
Telepho	ne		· · · · · · · · · · · · · · · · · · ·	5 pm					
Lista			·	Email ·					
Assignee	Name and Addre	PSS:							
			EMC CORPO						
176 South Street									
Hopkinton, MA 01748 UNITED STATES OF AMERICA									
						<u> </u>			
a copy o filed in ea	r tais ronn, to: ach applicatio	gether with a statement unden in which this form is used	er 37 CFR 3.73(b The statement) (Form PTO/SB/	96 or equ 73/b) may	ivaient) is requ	uired to be		
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,									
and must identify the application in which this Power of Attorney is to be filed.									
	The indiv	SIGNATU ridual whose signature and title is	IRE of Assignee of supplied below is	f Record authorized to act on	behalf of t	the assignee			
Ignature Khishnundu Comple					Date 2	114/06			
lame						Telephone 508-435-1000			
itle	e Associate General Counsel								
eta anilandia.									

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/972,284			
Filing Date	October 5, 2001			
First Named Inventor	Kendell A. Chilton			
Art Unit	2183			
Examiner Name	Huisman, David J.			
Attorney Docket Number	EMC01-31			

I hereby revoke all previous powers of attorney given in the above-identified application.									
A Power of Attorney is submitted herewith.									
OR I hereby appoint the practitioners associated with the Customer Number:									
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 47653 OR									
Firm o	or dual Name								
Address	uai name								
City				State	ite		Zip		
Country									
Telephone					Email				
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
	SIGNATURE of Applicant or Assignee of Record								
Signature	/David E. Hua	ang/							
Name	David E. Hua	.ng, Esq.	ing, Esq.						
Date	October 16, 2	2007		Te	elephone	(508) 616-2900)		
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
✓ *Total	*Total of 3 forms are submitted.								

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.